REQUEST FOR STATUS OF FORM For use of this form see, NGBM 25-4/4-91, the proponent agency is NGB-SDP						SUSPENSE DATE: (YYYYMMDD)		
	TOF USE OF THIS TOTAL SEC	e, NGDIVI 23-4/4-		TRUCTIONS				
1. \ 2. (3. F	/erify information in Part Complete Part II and Part Retum to Forms Manager	 ment by suspense		TRUCTIONS				
TO:			FROM:			DATE: (YYYYMMDD)		
FORMS			TELEPHONE NO.(Include area code and DSN) COMM DSN			FAX NO. (Include area code and DSN) COMM DSN		
PART I - FORM INFORMATION								
FORM NO. FORM			TE:	FORM LETTER N	FORM LETTER NO.:		FORM LETTER DATE:	
PRES	SCRIBING DIRECTIVE:	· ·		<u> </u>				
Гаки	a will be Cheek one of	the following)	PART II	- FORM STATUS				
FORM	n will be: (Check one of	ESTIMATED D	ΔTF TO RF	(YYYYMMDD)	ΔRF R	FPRINITS A	LITHORIZED	
	UNDER REVISION	LSTIMATED	ATE TO BE	(TTTWWDD) ARE IS		O YES O NO		
	SUPERSEDED	FORM NO.			FORM	DATE		
	OBSOLETE							
	NO CHANGES ANTICIPATED AT THIS TIME							
REM	ARKS							
OFFI	ICE SYMBOL	1		OPR INFROMATION Include area code an	nd	FAX NO.	(Include area code and DSN)	
J111	OL OTHIDOL		COMM DSN	nordae area code arr	. G	COMM DSN	(c.duc dred code and botty)	
POIN	IT OF CONTACT NAME					E-MAIL A	DDRESS	
SIGN	NATURE					DATE (Y	YYYMMDD)	